

TAYLOR COUNTY CLERK OF COURT**EMPLOYMENT APPLICATION**

Equal Opportunity Employer/Affirmative Action Employer

850-838-3506www.taylorclerk.com**GENERAL INSTRUCTION**

- *Please type or print in ink.
- *To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.
- *All information you submit is subject to verification.
- *Taylor County hires only U.S. citizens and lawfully authorized alien workers.
- *If you need any assistance completing this application, please call our office at (850) 838-3506 in advance.
- *If claiming Veterans' Preference, complete the Veterans' Preference Section.
- *All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.
- *All Applications retained for 2 years.

POSITION APPLIED FOR

Title: _____

Department of Interest: _____

Date Available: _____

Status: Part-Time Full-Time Temporary

Minimum Acceptable Salary: _____

HOW DO WE CONTACT YOU

Applicant's Name _____

Applicant's Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E Mail address _____

In Case of Emergency Notify _____ Phone Number _____

EDUCATION**HIGH SCHOOL:**

Name/Address of School: _____ Received: Diploma Other (Please Specify) _____ None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts May Be Required)

NAME OF SCHOOL	LOCATION		CREDIT HOURS EARNED (QTR. OR SEM.)	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB-RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, Armed Forces, ETC.)

NAME OF SCHOOL	LOCATION		CREDIT HOURS EARNED (QTR. OR SEM.)	COURSE OF STUDY	TRAINING COMPLETED? (YES OR NO)

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSE, REGISTRATION, CERTIFICATION (EXAMPLES: Driver's License, Teacher Certification, Etc.)

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

PERIOD OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Including military service (indicate rank) and job-relating volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets using the same format as on the application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section must be completed.

Do you have any objections to your present employer being contacted?

☐ Yes

☐ No

1 Name of Present or Last Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: _____ Hourly Rate/Salary: Starting: _____ Ending: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

Do you have any objections to your past employer(s) being contacted? YES NO

2 Name of Next Previous Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: _____ Hourly Rate/Salary: Starting: _____ Ending: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

3 Name of Next Previous Employer: _____

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: _____ Hourly Rate/Salary: Starting: _____ Ending: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

4 Name of Next Previous Employer:

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: _____ Hourly Rate/Salary: Starting: _____ Ending: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

5 Name of Next Previous Employer:

Address: _____ Phone Number: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year Your Name If Different During Employment

Hours Worked Per Week: _____ Hourly Rate/Salary: Starting: _____ Ending: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

SPECIALIZED SKILLS (Check Skills/Equipment Operated)**Other (list):****Other (list):**☐ PC
☐ Calculator
☐ Typewriter
☐ Fax☐ Microsoft Excel
☐ Microsoft Word
☐ Scanning/Imaging
☐ Copy Machine_____

_____**State any additional information you feel may be helpful to us in considering your application.**_____

REFERENCES

1. _____ ()

(Name) (Phone Number)

(Address)
2. _____ ()

(Name) (Phone Number)

(Address)
3. _____ ()

(Name) (Phone Number)

(Address)

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories:

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The unmarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or compared document, which services as a certificate or release claim, **must be furnished at the time of application.** In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in 1.01(14), F.S. Veterans' Preference shall expire after an eligible person has been employed by any states or agency of political subdivision of that state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference does not apply to retired-for-longevity military personnel when a competitive examination is used. However, retired military personnel with a compensable disability are eligible, regardless of whether a competitive examination is used.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Post Office Box 31003, St. Petersburg, Florida 33731-8903. A compliant must be filed within 21 days of the applicant receiving notice of hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERAN'S PREFERENCE CLAIM (Please see above instructions)

YOUR NAME: _____

_____ IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?
(Please indicate number from Veterans' Preference information section above)

Have you ever been employed by any states or any of its political subdivisions (such as counties or cities) prior to the date on this application? ☐ YES ☐ NO

NOTE: If you are claiming Veterans' Preference, you **must** meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

LAW ENFORCEMENT BACKGROUND

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07(3)(K)1, F.S.?

☐ YES ☐ NO

****Other covered jobs include: correctional probation officers, fire fighters, certain judges, assistant state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Health and Rehabilitative Services {SEE 119.07(3)(k)1,F.S.}**

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NO CONTEST TO A CRIME? ☐ YES ☐ NO

If "YES", give details concerning the type of crime, the date of conviction, the plea of guilty or the plea of no contest, and the penalty imposed. (Attach separate paper if necessary.)

HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL LAWSUIT ALLEGING AN INTENTIONAL TORT, INCLUDING BUT NOT LIMITED TO, ASSAULT, BATTERY, INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS, OR VIOLATION OF PRIVACY RIGHTS? ☐ YES ☐ NO

If "YES", please provide the nature of the intentional tort, and the disposition of the lawsuit. (Attach separate paper if necessary)

NOTE: Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed, expunged, or statutorily eradicated, any conviction for which probation has been successfully completed or otherwise discharges and the case has been judicially dismissed, and referrals to and participation in any pretrial or post-trial diversion programs.)

CITIZENSHIP

ARE YOU AN U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? ☐ YES ☐ NO

NOTE: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of an employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY? ☐ YES ☐ NO

If "YES", Who? _____ Relation: _____

SELECTIVE SERVICE SYSTEM REGISTRATION

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? ☐ YES ☐ NO

CERTIFICATION

EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Taylor County Clerk of Court has the same right. No one other than The Clerk of Court of Taylor County has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Taylor County Clerk of Court reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Taylor County Clerk of Court may contact my previous employers and I authorize those employers to disclose to the Taylor County Clerk of Court all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Taylor County Clerk of Court.

I also authorize the Taylor County Clerk of Court to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Taylor County Clerk of Court responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed; my employment will be for no definite period and "at-will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

I certify that I have received a written notification that the Taylor County Clerk of Court may obtain a consumer report or reports on me. I authorize this Taylor County Clerk of Court to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the Taylor County Clerk of Court to conduct electronic inquiry related to my background, including review of all social networking sites and Internet sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida County Government for employment purposes. This consent shall continue to be effective during my employment, if I am hired. I understand that applications submitted for county employment are public records. I certify that to the best of my knowledge and belief all statements contained herein and on my attachment are **true, correct, complete, and made in good faith.**

SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

DATE: _____

NOTE: Applicants may be subjected to a FDLE background check and urinalysis drug test.

EQUAL OPPORTUNITY APPLICANT SURVEY

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our equal employment opportunity/affirmative action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring decision. Please note that the survey is anonymous, you are not required to provide your name or any other information, which would specifically identify the applicant. Your cooperation will be greatly appreciated.

Today's Date: _____

Position applying for: _____

Sex: ☐ Male ☐ Female Age: _____

Racial/Ethnic Data (check one):

- ☐ **Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes Japan, China, Korea, Samoa, India and the Philippines.
- ☐ **Black (not Hispanic origin):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ **White (not Hispanic origin):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Disabled status: ☐ YES ☐ NO

Nature of Disability: _____

How did you learn about the job? (check one)

- ☐ Perry Newspaper ☐ Walk-in ☐ Call-in
- ☐ Website ☐ County Employee ☐ Friend
- ☐ Career Source ☐ Job announcement at _____
- ☐ Other: _____